

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9122
Registrar's No. 2605

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours.
(Specify whether
In this community.
years, months or days)

3. (a) PRINT FULL NAME Laura Hornberg.
(b) If veteran, name war No.
(c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.
(b) Name of husband or wife Late William 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 16th. 1870.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 2 hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

MOTHER FATHER { 12. Name Christian F. Kleine.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Mayenan.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy L. Hornberg
(b) Address 4431 S. Broadway

17. (a) Burial (b) Date thereof 3-21-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cem.

18. (a) Signature of funeral director H. J. Seidner and Co.
(b) Address 1417N. Market St.

19. (a) MAR 19 1940 (b) J. F. Bruck
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
(c) City or town St. Louis. 15
(If outside city or town limit, write "RURAL")
(d) Street No. 4431 S. Broadway.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18
year 1940 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death..... Duration

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work..... (Specify type of place)
(e) Means of injury.....
23. Signature J. F. Bruck (M. D. or other)
Address Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.